



Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986

2/10/16 dy

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
St. Joseph's Rehabilitation and Care Center MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT	
Services	Lic # 524007
PHYSICAL THERAPY	
OCCUPATIONAL THERAPY	
SPEECH THERAPY	
EXPIRES 03/31/2017	  _____ COURTNEY A. FRIEDLANDER Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: St. Joseph's Rehabilitation and Care Center
ADDRESS: 401 NORTH 18TH STREET, NORFOLK, NE 68701

This is to verify that your SNF/NF DUAL CERT is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

5/19/15

FEB 01 2016



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit

Make Payment to DHHS LU
Renewal Fees:
1 - 50 beds: \$1550
51 - 100 beds: \$1750
101 or more: \$1950

Expiration Date
03/31/2016

Nursing Home Licensure Renewal Application

Nursing Home Type: Please Check Skilled Nursing Facility Nursing Facility Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:
St. Joseph's Rehabilitation and Care Center
401 NORTH 18TH STREET
NORFOLK, NE 68701

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: 524007
TELEPHONE NUMBER: (402) 644-7375
FAX NUMBER: (402) 379-4867
ADMINISTRATOR: KENNETH KLAASMEYER
DIRECTOR OF NURSING: LINDA WILCOX, R.N.
E-Mail Address, if available: saintjosephs@frhs.org

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 83

5. ACCREDITATION/CERTIFICATION: JCAHO Medicare Medicaid Other
Are you requesting deemed status? yes no

6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS:
If different from Current Services listed, please check changes.

Physical Therapy Alzheimers/Special Care Unit Speech Therapy
 Pediatric Respiratory Occupational Therapy
 Behavioral Needs

Current Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

2016 FEB -8 A 11:12
REC'D HHS LICENSING

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: FAITH REGIONAL HEALTH SERVICES
(Legal Name of individual or business organization)

MAILING ADDRESS: 2700 NORFOLK AVENUE
NORFOLK, NE 68701

8. BUSINESS ORGANIZATION: (Check one):

Sole Proprietorship
 Partnership
 Limited Partnership
 Corporation
 Limited Liability Company
 Governmental (_____ State, _____ District, _____ County, _____ City or Municipal)
 Other (Please Specify) _____

(check one)
 Profit Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a renewal license.

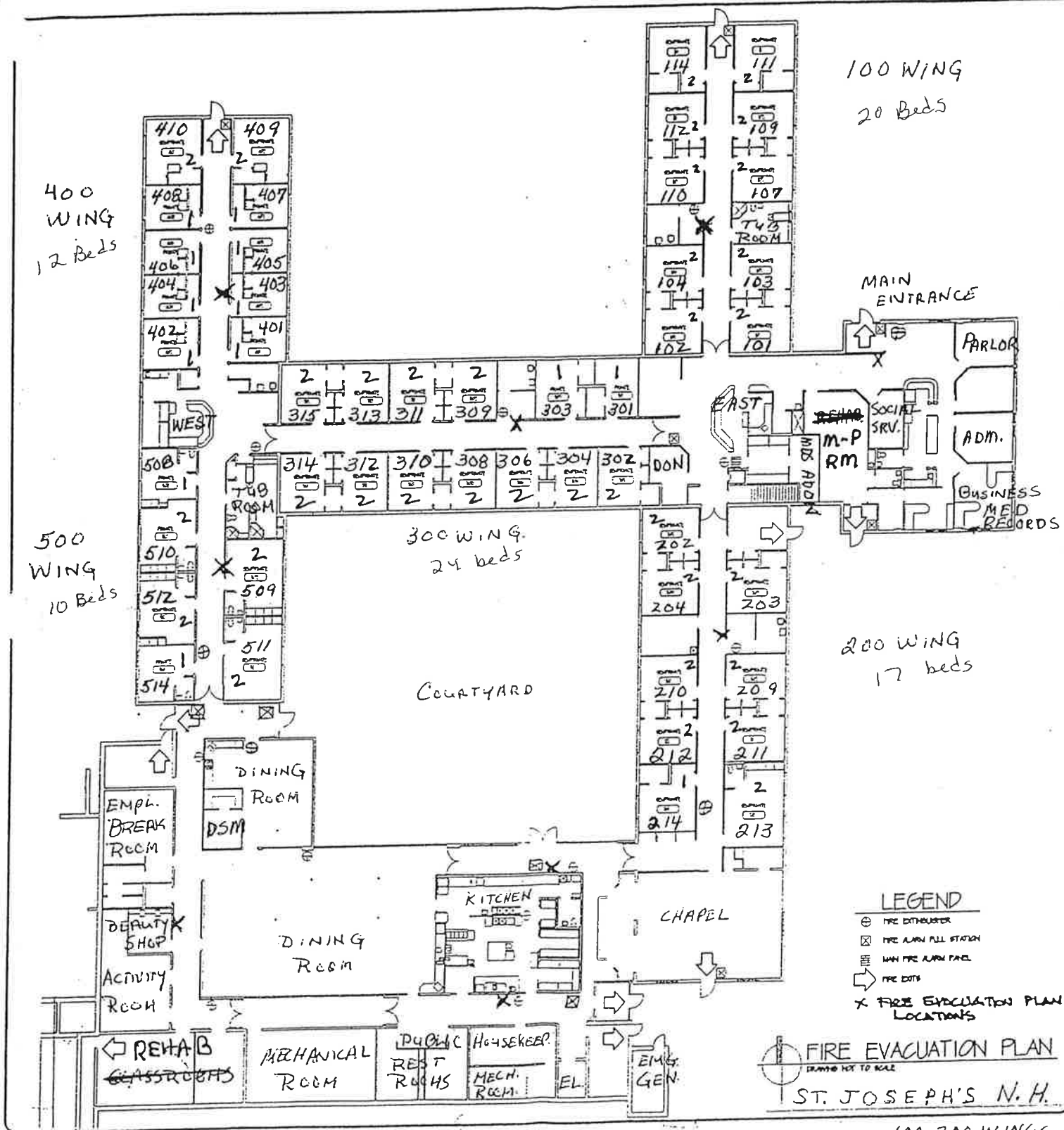
PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

- (1) the owner, if the applicant is an individual or partnership,
- (2) two of its members, if the applicant is a limited liability company,
- (3) two of its officers, if the applicant is a corporation, or
- (4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Anita Brenneman
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
John Dinkel
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

1/28/16
DATE
1/28/16
DATE



ALL beds are certified for Medicare + Medicaid

EAST N.S. = 100, 200 WINGS
301, 302 & 303

WEST N.S. = 304 - 315
400, 500 WINGS

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403043

Name of Facility: **St. Joseph's Rehabilitation & Care Center**
Type of Facility: **Nursing Home**
Location: **401 N 18th St., Norfolk**
Maximum Occupancy: **83 Beds**
Date Issued: **5/19/2015**

Approved By:

Inspected By: **8718 Don Fast**
Deputy State Fire Marshal

State Fire Marshal



POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.



Faith Regional Health Services
Board of Directors
2015

Friday, January 15, 2016

Albin	James (Jim)	M.D.		2504 W Benjamin Ave Norfolk NE 68701-	(402) 379-9999	(402) 644-2457
	wohealth@telebeep.com					
Auten	Bernard (Bernie)		Past Chair	PO Box 916 Norfolk NE 68702-0916	(402) 379-4488	(402) 649-4450
	bernieauten@apbpc.com					
Boche	Craig			3107 Dover Drive Norfolk NE 68701-	(402) 644-2658	(402) 992-1728
	Craig.Boche@contitech.us					
Brenneman	Anita		Chair	113 South 12th Street Norfolk NE 68701-	(402) 371-4492	(402) 649-8317
	anitaebrenneman@cableone.net					
Davis	Mark	MD	Chief of Staff	902 Lovely Lane Norfolk Ne 68701-	(402) 644-4600	(402) 992-3300
	midlandsobgyn@cableone.net					
Dinkel	John		Vice Chair	2206 Koenigstein Ave. Norfolk NE 68701-	(402) 371-5092	(402) 640-5094
	johndinkel@dinkels.net					
Jackson	Brett		Treasurer	4800 S Deer Run Road Norfolk NE 68701-		(402) 992-0772
	brett.jackson@nucor.com					
Karmazin	Daniel	DDS		3417 Golfview Drive Norfolk NE 68701-	(402) 379-0468	(402) 841-8794
	djkmarmazin@hotmail.com					
Meyer	Richard (Rick)	OD		1220 Koenigstein Avenue Norfolk NE 68701-	(402) 371-3158	(402) 649-5917
	eyemeyer@aol.com					
Miller	Linda	RN	Secretary	602 East Bluff Norfolk NE 68701-		(402) 649-1943
	netx2@centurylink.net					
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	dukeb60@aol.com					
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	trutjens@gmail.com					
Scheer	James (Jim)			P.O. Box 16 Norfolk NE 68701-	(402) 371-0405	(402) 649-0635
	jscheer@cableone.net					
Strom	Troy			2810 Golf View Norfolk NE 68701-	(402) 644-8962	(402) 841-1106
	troy.strom@usbank.com					
Voss	Tod	M.D.		P.O. Box 97 Pierce NE 68767-		(402) 841-7800
	t.voss@att.net					

Lutheran Community Hospital Association
Board of Directors
2015

Friday, January 15, 2016

Becker	Diane		83221 553rd Road	(402) 454-3568
	beckerdia@gmail.com		Madison NE 68748-	
Blomenberg	Dan	MD	1700 North 43rd Street	
	dblomenberg@cableone.net		Norfolk NE 68701-	
Boche	Craig	Vice President	3107 Dover Drive	(402) 644-2658 (402) 992-1728
	Craig.Boche@contitech.us		Norfolk NE 68701-	
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	collison@ptcnet.net		Pierce NE 68767-	
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	braddinkel@dinkels.net		Norfolk NE 68701-	
Gebhardt	Leon	M.D.	301 North 27th Street	(402) 844-8021
	leonlg@norfolkmedicalgroup.com		Norfolk NE 68701-	
Goetsch	Courtney		3610 Norfolk Avenue	(402) 371-8230 (402) 316-9703
	courtney@ampeyecare.com		Norfolk NE 68701-	
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	rkimes@ft.newyorklife.com		Norfolk NE 68701-	
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	skimes@ft.newyorklife.com		Norfolk NE 68701-	
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	nigarold@qwestoffice.net		Norfolk NE 68701-	
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	netx2@centurylink.net		Norfolk NE 68701-	
Moenning	Josh		1202 W Norfolk Ave	(402) 570-2708
	joshmoenning@hotmail.com		Norfolk NE 68701-	
Pape	Jeffrey (Jeff)	OD President	3610 Norfolk Avenue	(402) 371-8230
	jeff@ampeyecare.com		Norfolk NE 68701-	

Pasold	Jeff		Town and Country PO Box 193 Norfolk NE 68702-	(402) 379-3445	(402) 649-0387
jpasold@tcagency.com					
Pfeil	John		1804 Crown Rd Norfolk NE 68701-	(402) 371-9182	(402) 640-0725
jpfeil2000@yahoo.com					
Roberts	Jo	2nd Vice President	1702 East Berry Hill Norfolk NE 68701-	(402) 644-2543	(402) 640-9238
jroberts@npsne.org					
Sunderman	Preston		1303 North 19th Street Norfolk NE 68701-		
Wilcox	Russ	Secretary	Midwest Bank PO Box 886 Norfolk NE 68701-	(402) 371-5200	(402) 841-5116
russwilcox@midwestbanks.com					
Winter	Frank "Chip"	Pastor	605 South 5th Street Norfolk NE 68701-	(402) 371-1210	(402) 750-1592
cwinter@clnorfolkmail.org					
Zimmerman	Ryan		54333 849 Road Pierce NE 68767-		